

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22039

XC #
REG # 16542
SL # 8618

FILED JUN 20 1956 318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

5522

BIRTH NO.

REG. DIST. NO.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN 915 N. GRAND, ST. LOUIS, MO.

c. LENGTH OF STAY (in this place) 17 DAYS

d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

MISSOURI

b. COUNTY

PHELPS

c. CITY OR TOWN NEWBURG

d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

e. STREET ADDRESS

(If rural, give location)

3. NAME OF DECEASED (Type or Print)

a. (First)

PATRICK

b. (Middle)

H

c. (Last)

NORTHCHILD

4. DATE OF DEATH

(Month) (Day) (Year)
6-9-56

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

8-28-92

9. AGE (In years last birthday)

63

IF UNDER 1 YEAR

Months Days

IF UNDER 11 HRS.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY

UNKNOWN

11. BIRTHPLACE (City and State or Foreign Country)

AUGUSTA, MISSOURI

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

WILLIAM KNOERNSCHILD

13b. MOTHER'S MAIDEN NAME

CHARLOTTE SANDVOSS

14. NAME OF HUSBAND OR WIFE

BEULAH NORTHCHILD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)

YES

WW I

16. SOCIAL SECURITY NO.

252-10-6059

17. INFORMANT'S SIGNATURE OR NAME

VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

CARCINOMATOSIS

INTERVAL BETWEEN ONSET AND DEATH

UNKNOWN

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

PRIMARY CARCINOMA OF THE SIGMOID.

UNKNOWN

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

153X

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

VA

21e. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-23-56, 19, to 6-9-56, 19, and that death occurred at 2:25A m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print)

MURRAY M. BETT

23b. ADDRESS

M. D.

VAH, ST. LOUIS, MISSOURI

23c. DATE SIGNED

6-9-56

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

6/10/56

24c. NAME OF CEMETERY OR CREMATORY

Arlington National Cem.

24d. LOCATION (City, town, or county)

Fort Meyers, Va.

(State)

DATE REC'D BY LOCAL REG.

JUN 11 1956

REGISTRAR'S SIGNATURE

Charles Smith

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Edward Fendler Mortuary 5611 S Grand

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Harry J. Schumacher

Licensed Embalmer No. *2679*

P. O. Address *5611 R. Street*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.